

Homeless Street Count Survey

To be completed on: **1/30/2008**

USE THIS PAGE IF CLIENT IS **SINGLE (UNACCOMPANIED)**:

First Name: _____ Last Name: _____

DOB: ____/____/____ or if DOB refused, Age: _____

How many times have you been homeless in the past 3 years?

____ 1 time ____ 2 or 3 times ____ **4 or more times***

How long have you been homeless this time? ____ less than 1 year ____ **1 year or longer***

Were you on the street or in emergency shelter each time? ____ **Yes*** ____ No

Do you have mental health, substance abuse or other disabilities? ____ **Yes*** ____ No

What types? _____

Are you a veteran? ____ Yes ____ No

Gender: ____ Male ____ Female ____ Unknown

Race: ____ White ____ Black ____ Asian ____ Native American ____ Other/Unknown

Hispanic? ____ Yes ____ No

Reason for homelessness: _____

General location where client was contacted: _____

Is client chronically homeless? ____ Yes ____ No

* Items marked with an asterisk are factors in determining chronic homeless status.

HUD's definition of chronically homeless:

An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. The individual must have been on the streets or in an emergency shelter (not transitional housing) during these episodes.

What type of program does this client need to best resolve his/her homelessness? Check ONLY ONE:

____ Emergency Shelter ____ Transitional Housing ____ Permanent Supportive Housing

Please submit this form to your local CoC or contact person. If you have no local contact,

please compile your results onto the street count summary form and fax the summary only to:

Iowa Institute for Community Alliances at 515-246-6637.

Due date for summary forms: 2/8/2008

Homeless Street Count Survey

To be completed on: **1/30/2008**

USE THIS PAGE IF **CLIENT IS ACCOMPANIED**:

of homeless adults in the family: _____ # of homeless children under 18 in the family: _____

How many times has your family been homeless in the past 3 years?

_____ 1 time _____ 2 or 3 times _____ **4 or more times***

Reason for homelessness: _____

General location where family was contacted: _____

HEAD OF HOUSEHOLD: First Name: _____ Last Name: _____

DOB: _____/_____/_____ or if DOB refused, Age: _____

Gender: _____ Male _____ Female

Race: _____ White _____ Black _____ Asian _____ Native American _____ Other/Unknown

Hispanic? _____ Yes _____ No

Do you have mental health, substance abuse or other disabilities? _____ Yes _____ No

What types? _____

Are you a veteran? _____ Yes _____ No

OTHER ADULT IN HOUSEHOLD: First Name: _____ Last Name: _____

DOB: _____/_____/_____ or if DOB refused, Age: _____

Gender: _____ Male _____ Female

Race: _____ White _____ Black _____ Asian _____ Native American _____ Other/Unknown

Hispanic? _____ Yes _____ No

Do you have mental health, substance abuse or medical disability conditions? _____ Yes _____ No

What types? _____

Are you a veteran? _____ Yes _____ No

What type of program does this family need to best resolve their homelessness? Check ONLY ONE:

_____ Emergency Shelter _____ Transitional Housing _____ Permanent Supportive Housing

Please submit this form to your local CoC or contact person. If you have no local contact, please compile your results onto the street count summary form and fax the summary only to:

Iowa Institute for Community Alliances at 515-246-6637.

Due date for summary forms: 2/8/2008

State of Iowa Survey Form

INFORMED CONSENT STATEMENT

TO BE READ TO EACH RESPONDENT

We are conducting a statewide survey related to characteristics of people and their housing. Participation is completely voluntary. If you do not wish to take part in the survey, you do not have to answer any questions. If you choose to take part, you may refuse to answer any question and you may stop participating at any time. Your choice to participate or not participate in this survey will in no way affect your eligibility for any benefits or services for which you otherwise qualify.

We will keep your participation in this survey confidential to the extent permitted by law. To protect your confidentiality, the survey will be kept in a locked file in a locked office at the local Continuum of Care office or the Iowa Institute for Community Alliances ((515) 246-6643). However, it is possible that other people may become aware of your participation in this survey. For example, state or federal government regulatory agencies may inspect records to compile information for improving services for persons experiencing housing difficulties or homelessness. If a report or grant is written using information from the survey, it will be written in such a way that you will not be directly identified.

If you agree to participate, I will read the questions to you and I will record your answers. It will take approximately ten minutes to complete. Do you have any questions or concerns about the survey? Are you willing to participate?

IF YOU ARE WILLING TO PARTICIPATE, PLEASE SIGN BELOW. THANK YOU FOR YOUR HELP.

(Signature of Respondent)

(Date)

I READ THE ABOVE CONSENT STATEMENT TO THE RESPONDENT AND TO THE BEST OF MY KNOWLEDGE IT WAS UNDERSTOOD, AND THE RESPONDENT HAS AGREED TO PARTICIPATE.

(Signature of Interviewer)

(Date)

State of Iowa Point in Time Unsheltered Homeless Count

Use this page for STREET COUNT ONLY

Complete on: January 30, 2008

Jurisdiction Name: _____ Name of Person Completing Form: _____

Phone: _____ Email: _____

Part 1: Homeless Population on 1/30/2008		UNSHeltered HOMELESS Total Count
1	Number of Households WITH Dependent Children:	
2	Total Number of People in Households WITH Children	
3	Number of Households WITHOUT Dependent Children	
4	Total Number of People in Households WITHOUT Children	
5	Number of Single People	
TOTAL PEOPLE (Add lines 2, 4 and 5.)		

Part 3: Housing Need - Type of program needed to best help the people who are unsheltered end their homelessness:

Total people currently unsheltered who only need ES		Total people currently unsheltered who need TH		Total people currently unsheltered who need PSH
	+		+	
	+		+	
	+		+	
	+		+	

Part 2: Homeless Subpopulations (Count adults only, except item 7)		Subpopulation Count
1	Chronically Homeless	
2	Severely Mentally Ill	
3	Chronic Substance Abuse	
4	Veterans	
5	Persons with HIV/AIDS	
6	Victims of Domestic Violence	
7	Unaccompanied Youth (under 18)	

Please submit this form to your local CoC or contact.

If you have no local contact, please fax this form to Iowa Institute for Community Alliances (IICA) at 515-246-6637.

Local CoCs: Please fax your final count to IICA at 515-246-6637 by 2/8/2008.

State of Iowa Point in Time Street Count Summary Instructions

1. Complete your count on January 30, 2008. Use the numbers collected on that date to complete your forms.
2. Fill in your jurisdiction name and contact information at the top of the sheet.
3. Submit completed forms to your local CoC or contact. If you have no local contact fax forms to IICA at 515-246-6637.
4. If you have questions about how to complete this form, contact Eileen Mitchell at IICA at 515-246-6643.

Part 1:

On line 1, fill in the total **number of unsheltered families** who were found on 1/30/08. A family is defined as a household with dependent children.

On line 2, fill in the total number of **people in the families** from line 1.

On line 3, fill in the number of unsheltered **households that did not contain dependent children** who were found on 1/30/08. This includes couples with no children and parents with only adult children.

On line 4, fill in the total number of **people in the households** from line 3.

On line 5, fill in the total number of unsheltered **single people** who were found on 1/30/2008.

Part 2:

On line 1, fill in the total number of single adults from line 5 of Part 1 who meet the definition of chronically homeless. See the definition below.

Lines 2 through 7 are optional:

On line 2, fill in total number of adults from Part 1 who have serious mental illness.

On line 3, fill in the total number of adults from Part 1 who have a chronic substance abuse issue.

On line 4, fill in the total number of adults from Part 1 who are U.S. Military Veterans.

On line 5, fill in the total number of adults from Part 1 who have HIV/AIDS.

On line 6, fill in the total number of adults from Part 1 who have experienced domestic violence.

On line 7, fill in the total number of single youth and single parents who are under 18 years old.

Part 3: In part 3, fill in the housing need of each person from part 1. For each line in part 3, the part 3 columns should add up to the total count in part 1.

Determine how many of the unsheltered people from the street count will only need ES to end their homelessness, how many need TH to end their homelessness, and how many need PSH to end their homelessness. Fill in the number of people in each column. The 3 columns should add up to the total count from part 1.

This can be determined either on a client-by-client basis, or you may estimate that a certain percentage will need each type of shelter and apply that percentage to your total count to determine the total for each type of housing need.

HUD's definition of chronically homeless:

An **unaccompanied** homeless individual,
with a **disabling condition**,

who has been EITHER continuously **homeless for a year or more** OR had at least **four (4) episodes of homelessness in the past three (3) years**.

The individual must have been on the streets or in an emergency shelter (not transitional housing) during these episodes.